THE SOCIAL AND REHABILITATION Record

Adults in Foster Care ★ Work Goals for College Students ★ Books ★ Reducing Errors in A.F.D.C. ★ News ★ Accessibility ★ Family Planning ★

Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 2/Number 2/February-March 1975

HOW TO

Do a Better Job of Managing the AFDC Program

The Assistance Payments Administration of HEW's Social and Rehabilitation Service is acting as a clearing house for reporting on ways in which States have moved to improve management of their Aid to Families with Dependent Children (AFDC) programs. A number of these "How They Do It" reports now have been published and are available without charge.

"How They Do It" publications include:

Managing the Intake Process in Income Maintenance—Minnesota and Washington.

Photo I.D.s—New York.

Supervisory Review of Case Actions—New Mexico.

Work Measurements and Workload Standards as Management Tools for Public Welfare—Michigan.

Child Support Payments Control—Massachusetts and Washington Bank Distribution (of Assistance checks)—Pennsylvania and Nassau County.

Additional publications on AFDC Management:

- Bendex (Beneficiary Data Exchange).
- Task Analysis and Job Design for Public Assistance Agencies.
- Workload Standards for Public Assistance Agencies.
- Work Measurement and Work Simplification.
- Local Supervisory Review of Case Actions.

For copies, write:

Assistance Payments Administration
State Systems Management Division
Social and Rehabilitation Service, DHEW
Room 1232-B
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NYU Deafness Center trains nonspecialists in deafness rehab

Faculty of the New York University Deafness Center are providing short term orientation to deafness seminars for professional workers who see few deaf persons during the year.

Since deaf persons seeking assistance are served by persons who have little opportunity to become familiar with deafness and with techniques of working with deaf persons, these seminars seek to provide short, intensive training for these nonspecialists in deafness rehabilitation to help them improve their service to deaf people.

Presented at the 2-day sessions, conducted by deaf professionals with extensive experience in staff development, are an introduction to deafness, suggested ways to ease communication with deaf people, and assistance in recognizing the potential of deaf persons.

Programs are currently under way in New Jersey, New York, and Puerto Rico. New programs are beginning in Connecticut, Maine, Massachusetts, New Hampshire, New York City, Ohio, Rhode Island, Vermont, and Virginia.

Last spring the orientation seminars were given to physicians and related medical personnel for the first time.

Legal aid sought for R.I. retarded

Rhode Island will become one of the first, if not the first State, to hire a full-time lawyer to seek out and handle legal problems of the mentally retarded if it receives the $22,000 grant being sought from the State's Developmental Disabilities Council.

The proposal grew out of an experiment at the Dr. Joseph Ladd State School for the Retarded. Two legal services lawyers uncovered between 30 and 40 cases, most involving Ladd residents who had been committed by the courts, and cannot be released except by another court order.

The lawyers, who made the review at Ladd, also forced dissolution of a State law that forbade the institution's residents to make single purchases of greater than $100, a rule that severely limited the retarded residents' buying options.

In addition to servicing residents, the full-time lawyer would be responsible for monitoring legislation affecting the retarded and perhaps drafting appropriate legislation.

Job discrimination charge settled in California

The first case received by the California Fair Employment Practice Commission under the new law prohibiting job discrimination because of physical handicap is also the first such case to be settled, according to Roger A. Taylor, FEPC executive officer.

During July 1974, the first month of the new law, the FEPC received 29 cases based on physical handicap discrimination. On July 2, a 23-year-old man filed a complaint with the Los Angeles FEDP office, claiming that when he had applied for a job, the personnel interviewer told him he was unsuitable as a route truck driver because he stuttered.

An FEPC consultant visited the company. The personnel interviewer, the company attorney, and the firm's president insisted that their route drivers had a great deal of public contact which entailed the need to speak well. But the consultant's close review of a driver's typical work day showed that this was not the case.

Company officials said that stuttering was only part of the reason for their reluctance to hire. Just as important was the man's lack of experience as a driver.

The FEPC consultant asked to review all applications for driver jobs received by the company in the past year, and found that many drivers had been hired although they had no previous truck driving experience.

At this point the company admitted that the applicant's handicap probably would not hinder him on the job, and they agreed to hire him. The driver went to work on July 29, less than a month after he filed his complaint with the FEDC, at the job he had applied for.

Welfare expenditures in Idaho show savings of $1.2 million

Idaho Attorney General Anthony W. Park reports that $1.2 million have been saved in welfare expenditures since 1972, primarily because of increased support payments collected by the Support Enforcement Collection Service (SECS) and partially because of increased enforcement in overpayment cases resulting from fraud.

In 1973 the State recovered $129,000 in overpayments and $540,000 for nonsupport. Through August 1974 the SECS offices have recovered $500,000, of which $105,000 is from overpayments. Repayment is usually done voluntarily according to R. Bushnell, head of the State Health and Welfare Legal Services, but some cases are prosecuted.

Health Benefits of Family Planning

ABDEL R. OMRAN, M.D., DR. P.H.

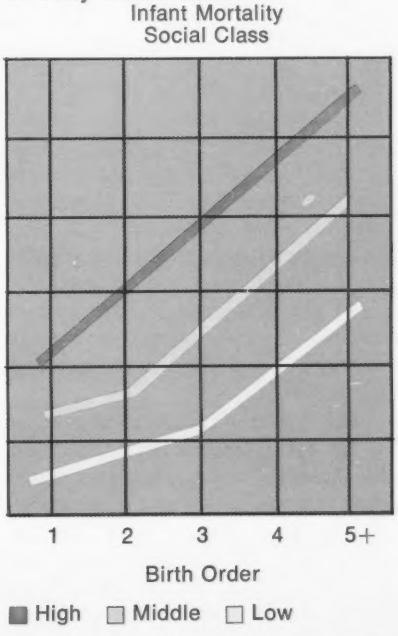
In recent years, the social benefits of family planning have been widely discussed in relation to the population explosion, with its attendant social, economic, and environmental consequences. In our concern for the human race and for the world at large, however, we have tended to overlook the importance of family planning for the health and well-being of women, of children, and of families. There is no doubt that the quality of life can be improved through family planning. This article is devoted to an examination of the health consequences of human reproduction and addresses itself frankly to the question: "What health hazards can arise from too many, too frequent, poorly timed, and unwanted pregnancies?"

The most impressive health benefit to children that results from adequate spacing of pregnancy, limiting the number of siblings, and appropriate timing in relation to the age of the mother is the manifest improvement in chances of survival. Scientists usually measure these chances in terms of the proportion of babies born dead (stillborn), the proportion of infants who die within the first year of life (infant mortality), and the proportion of children who die between 1 and 5 years of age (childhood mortality).

Studies in many countries have shown consistently that the chances of survival are better for earlier-born children than for later-born children, with the exception of the first-born child. The risk of death after the first child increases with increasing birth order, particularly after the fourth child. The special risks of the first pregnancy are biological as well as social. The reproductive system is not as well prepared for the first pregnancy as it is for the second or third, especially if the mother is very young. In addition, young mothers under 20 tend to be handicapped both socially and by lack of experience in handling the physiological and psychological stresses of the first pregnancy.

For example, a study in India of 1,000 births indicated that the risk of death before or immediately after birth was 13 percent for first-born children, 5 percent for the second-born, 11 percent for third-, fourth- and fifth-born, 16 percent for sixth- to ninth-born, and 25 percent for tenth- and later-born children. Similar results were reported from other developing countries and also from highly industrialized countries. For example, in a large American study nearly half a million births were examined, registered in New York State exclusive of New York City, between 1950 and 1952. The risk of fetal loss and childhood mortality was high for first-born, relatively low for second-born, and gradually increased with increasing birth order thereafter.

The question of whether this phenomenon is common to both rich and poor was answered by a nationwide study in England and Wales, which included all births during one year. The risk of death for comparable birth orders was shown to be higher for low social class than for high social class infants, a not unexpected finding. However, the study also demonstrated that the risks of death are higher for fourth- and fifth-born children than for second or third in every social class.



Risk of infant mortality (1-2 months) by social class and birth order (in England and Wales)

Thus, benefits of family planning are by no means limited to the poor.

Significant Factors

The experience of the medical profession over the last 50 years indicates that it is not only the number of children that leads to unfavorable health consequences, but also the interval between pregnancies and the mother's age at pregnancy. Research evidence confirms that too short an interval is particularly hazardous to the child's health. For example, studies in the Punjab, India, on the Island of Kauai, Hawaii, and in Britain showed that fetal loss, stillbirth, infant and childhood deaths, and prematurity were extremely high for birth intervals of less than 1 year, and less so for intervals between 1 and 2 years.

Adequate time is needed for the reproductive system of the mother to recover from pregnancy and childbirth and for the body in general to build up its depleted reserves in preparation for another pregnancy. When short birth intervals are combined with very young maternal age, the risks to the child's health reach the extreme.

At the other end of the scale, a number of studies show that intervals of more than 6 years may also carry increased risk.

The timing of pregnancy in relation to the age of the mother is important, for the age at which conception occurs may determine whether the pregnancy will come to term, whether the child born alive will survive infancy and childhood, and whether he will be afflicted with disabling handicaps. As mentioned before, pregnancies occuring at too young an age—especially if repeated at short intervals—are risky for both mother and child, a fact particularly relevant to countries where girls marry in their teens (that is, while they are themselves still growing children). The risk is compounded further by widespread undernutrition of mothers.

At the other end of the reproductive span—after age 30 and definitely after age 35—risks of child mortality increase and certain disease phenomena more commonly afflict the survivors. For example, children born to older mothers are at a higher risk of developing congenital malformations and mental retardation.

Children who survive the hazards of unplanned reproduction appear to be more likely to suffer from a variety of diseases, disabilities, and chronic ill-health than children in planned families. For example, it has been noted that children from large families are generally more prone to infectious diseases, malnutrition, and stunted growth and development.

Alarming reports have been accumulating since World War II from a number of countries indicating that the intellectual development of children of high birth orders is typically much lower than for children of low birth orders. In other words, the IQ of first-, second- and third-born children is higher than that of fourth and later birth orders. Studies also show that mental retardation may be more common among children in large families. This fact is of striking political and economic significance, since the prevalence of high birth orders and the associated risk of low intelligence are higher in the less developed countries.

High among the factors influencing intelligence in later-born children are declining parental interest and decreased emotional and verbal contact with the child in a large family. When mothers are mature enough and have a small number of children who are well spaced, they have a better chance of furthering the mental and intellectual development of their children than do mothers overburdened with too many children conceived too close together.

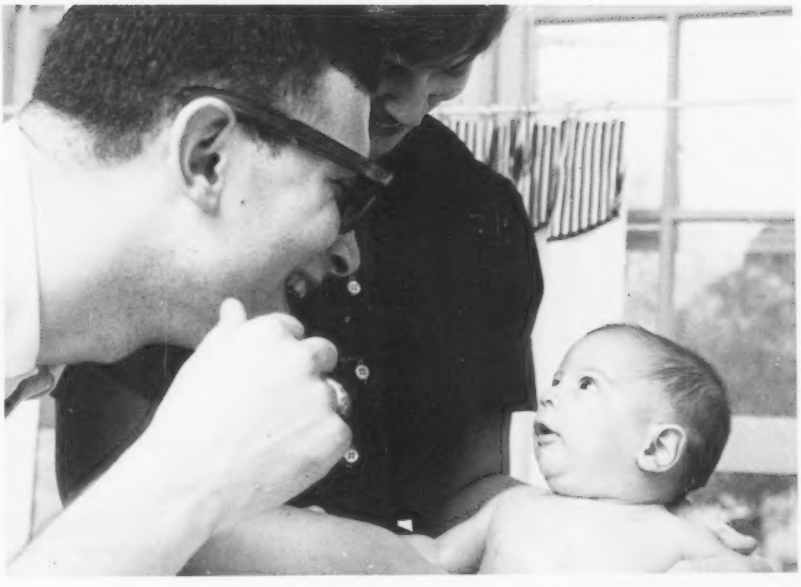
As early as 1865, it was noted that mothers who have a large number of children (grand multiparas) run greater risks of disease, pregnancy complications, and labor difficulties that may be fatal. Unfortunately, this view was held by only a few physicians; the majority of physicians and laymen regarded the grand multipara as an easy obstetrical case, whose only serious problem was getting to the hospital in time.

In the 1940s, however, physicians began to realize the risks of high parity. It is now established that grand multiparas have an increased risk of dying during pregnancy, labor, and puerperium. They are also liable to increased obstetric complications such as disorders of the placenta, uterine rupture, hemorrhage, and abnormal presentation of the child at delivery.

A review of 45,414 consecutive obstetric cases in the Johns Hopkins Hospital, Baltimore, between 1869 and 1939 showed that, due to rupture of the uterus, hypertension, kidney diseases, or hemorrhage associated with placenta previa, women of high parity had a mortality rate three times higher than women of low parity.

Although maternal mortality has greatly declined in many countries, the risks of high parity continue, especially when the mother is too young and birth intervals are too short.

Recent studies have shown that in addition to complications of pregnancy and labor, women of high parity are also at an increased risk of developing diabetes, cancer of the cervix, rheumatoid arthritis, hypertension, malnutrition, and chronic ill-health. (By the way, fathers of large families are more likely to develop hypertension and gastric ulcers.) In a sociomedical study in England, an attempt was made to measure the efficiency of a mother in caring for her children and it was found that maternal efficiency decreased markedly after the third or fourth child.



Another important factor is maternal age. Mothers who conceive between the ages of 30 and 40 have twice the risk of dying in pregnancy or childbirth of women of 20 to 30, the prime age for childbearing. The risks increase progressively to four or five times the prime risk for women over 40. In a study in Thailand, women over 35 accounted for 40 percent of all maternal deaths though they had only 20 percent of all births. Pregnancy at age 30 to 35 or over is thus considered "high-risk pregnancy." It has been estimated that if, in Thailand, this category of high-risk pregnancies could be avoided through family planning, approximately 1,500 women per year would be saved from death and 250,000 births would be averted. Family planning of this sort would thus serve a double purpose by preventing undesired population growth and at the same time saving the lives of women who are greatly needed by their husbands and children.

Another aspect of reproductive behaviour is its relationship to family adjustment. With the increasing social emphasis on family relations and marital harmony, patterns of family formation are gaining wider significance. A number of studies show that there is generally a decline in successful marital adjustment with an increasing number of children. In one such study concerning the social and psychological factors affecting fertility and the interrelationship of family size and marital adjustment, couples were asked to report on their marital happiness. Analysis of the data showed that couples with less than three children were, on the average, happier in their married lives than those with three or more. Other studies of child behavior point to an increase in behavioral problems (including juvenile delinquency) among children of later birth orders and children classified as unwanted by their parents.

Towards a Happy, Healthy Family

Worldwide experience indicates that effective family planning can favorably influence the health, development, and well-being of families and individual family members in many ways:

1. By making it possible to plan family size—that is, by enabling every couple to have the number of children considered best in terms of health, socioeconomic resources, and family goals. Four health objectives should be considered in planning family size:

   a. To lower levels of fetal, infant,

and childhood mortality and sickness;

b. To improve the physical, mental, and intellectual development of children;

c. To secure the health and life of the mother; and

d. To enhance family health and adjustment.

2. By planning birth intervals, to improve maternal health and child development and well-being.

3. By making it possible for women to have children at the ages at which pregnancy carries the least risk for the mother and the best chance of successful outcome—a matter of particular significance with regard to the first and last pregnancies.

4. By making it possible to avoid unwanted births, whether legitimate or illegitimate.

5. By preventing abortions, especially high-risk (illegal) abortions.

6. By making it possible through genetic counseling for couples with hereditary diseases or handicaps to avoid passing them on to their children.

Enabling couples who are involuntarily infertile to achieve their desired family size within the health and social context is also an integral function of family planning.

In drawing up a healthy reproductive plan, parents should observe the following rules of thumb in regard to relative safety:

■ The optimum of age for having children is between 20 and 30-35. With a pregnancy at younger or older ages there is a risk of disease, disability, or death for both mother and child.

■ The period between the end of one pregnancy and the beginning of another should be no less than 2 and no more than 5 years.

■ Two or three children, well spaced, properly timed, and expressly wanted, is the best number. Health risks increase for fourth, fifth, and later children and for unwanted children of any order.

■ To minimize the relatively high risk (which apparently cannot be bypassed) for the first child, the first pregnancy should not occur below age 20, the mother should be at her most healthy, and adequate medical supervision should be sought during pregnancy, during labor, and after birth for both mother and child.

Modern family health practices dictate a change in the definition of family planning, and I should like to propose the following definition:

Family planning, from the health point of view, is not merely the regulation of the number of children, but it is also the appropriate spacing, the timing (in such a way that children are conceived at the least risk to the mother's life and health), and the assurance that each child shall be wanted and prepared for. Family planning should, by definition and objective, include treatment and prevention of infertility as well as fertility control.

Even though the responsibility for family planning lies mainly with parents, it also lies with the medical profession and health organizations who must further these ideals through education, health services planning, and daily professional practice. Charles Knowlton, a Massachusetts physician, said in 1832:

"It is as much the duty of the physician to inform mankind of the means of preventing the evils that are liable to arise from gratifying the reproductive instinct, as it is to inform them how to keep clear of the gout or the dyspepsia."

In impassioned nineteenth-century style, Knowlton describes the risks of unplanned reproduction as follows:

"How often is the health of the mother, giving birth every year to an infant—happy if it be not twins—and compelled to toil on, even at those times, when nature imperiously calls for some relief from daily drudgery, how often is the mother's comfort, health, nay, even her life, thus sacrificed! Or, if care and toil have weighed down the spirit and at last broken the health of the father, how often is the widow left, unable, with the most virtuous intentions, to save her fatherless offspring from becoming degraded objects of charity, or profligate votaries of vice!"

Truly, twentieth-century investigations have given the force of new evidence to Knowlton's pioneering argument for improved maternal and child health and general family health through family planning.

Dr. Omran is Professor of Epidemeology, School of Public Health, University of North Carolina, Chapel Hill, N.C. He is also the Director, World Health Organization International Reference Center for Epidemological Studies in Human Reproduction.

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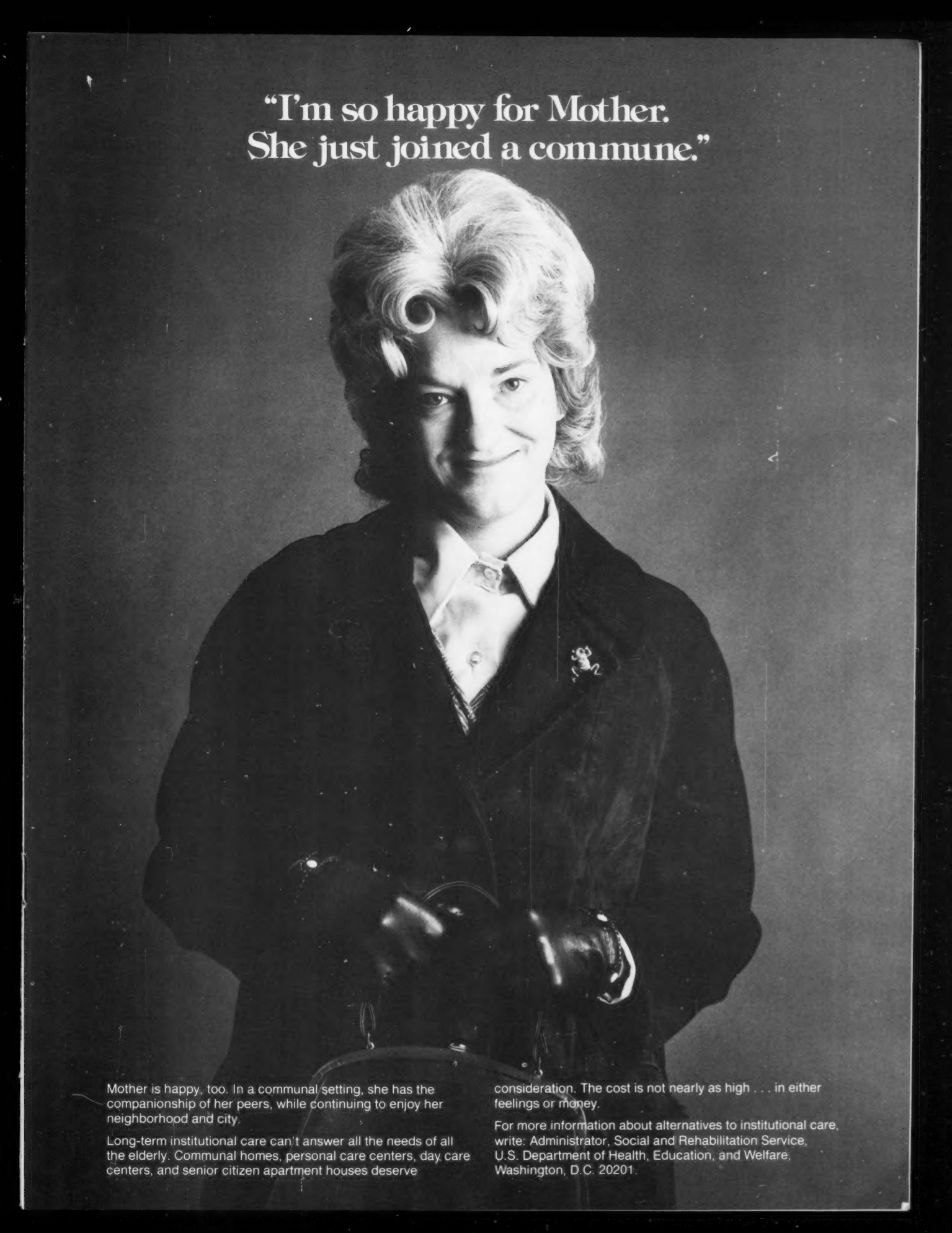
"I'm so happy for Mother. She just joined a commune."



Mother is happy, too. In a communal setting, she has the companionship of her peers, while continuing to enjoy her neighborhood and city.

Long-term institutional care can't answer all the needs of all the elderly. Communal homes, personal care centers, day care centers, and senior citizen apartment houses deserve consideration. The cost is not nearly as high . . . in either feelings or money.

For more information about alternatives to institutional care, write: Administrator, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201.

Family Homes for Adults

EDWARD CHOUINARD

Well over 1.5 million Americans handicapped by age or physical, mental, or emotional disability live permanently in personal care or domiciliary institutions. Many are dependent on public support, and costs of $700 to $1,000 per month are not unusual. At present, institutionalization is the most available method of providing safety and security for many of the elderly and severely disabled, but thousands have been and are living in institutions simply because they have no family or friends to provide for their minimal care needs. The exact number of such cases is unknown.

Rose and Annie, a pair of 29-year-old identical twins, live in New York State. They are mildly retarded, and Rose has a congenital hip condition. Because their father has rejected them, their caseworker has only one alternative—institutionalization. Yet to remain in the community Rose and Annie need only a minimum of supervision in a friendly, caring home. Unfortunately, few alternatives to institutionalization have been explored. Foster homes, long accepted as a preferable alternative for children, are not usually considered feasible for aged or disabled adults. In 1968, however, Washington State decided that family home placements might well be a viable service for adults. To demonstrate such a program, they applied for and received a 3-year grant from SRS.

The Family Homes for Adults Demonstration designed a program to meet the needs of people who, because of age, infirmity, physical or emotional handicap, or mental retardation required a protected home situation and some personal supervision to remain in the community. One goal in developing foster family homes was to delay the need of some people to enter a nursing home or institution and allow them to remain in more normal living patterns, usually in their own community. In other cases the goal of family home placement was to provide a resource for persons presently in nursing homes or institutions and allow them a place to return to in their own community. In both cases it was expected that foster family home care would be provided at less cost than nursing home or institutional care. Persons who needed specialized or continuous medical care and skilled observation and those who were independent enough to make their own living arrangements were not included in the project.

The project was conducted in welfare offices in Pasco, Seattle, and Tacoma. Pasco encompassed three medium-sized cities where the young, stable population meant fairly high income, growing families, and little extra room for housing another person. The rural and urban areas of the Tacoma unit had a high number of State and federal institutions which recognized the project as a resource for their clients. Seattle entered the project in its second year in a cooperative venture with the Seattle Model Cities program. The Seattle project was conducted in the inner city, an older, densely populated, low-income area with a large minority population.

The project focused on home finding, selection of clients for placement, economic feasibility, staffing levels and caseload size, and training methods. Foster homes were expected to approximate the adult's own home by providing family care, help in the daily routine of living, protection, security, and encouragement toward self-help and independence.

Newspaper stories and classified ads, radio spot announcements and television appearances, public talks, flyers, posters, and newsletters of large community organizations were used by project homefinders to recruit foster homes.

All family members were interviewed at least twice during a home study period, and at least two references were contacted. The homes were evaluated not only in terms of physical characteristics, but also in terms of intangibles, such as sponsor's concern for others, socialization opportunities for the client, opportunity to be part of the family, community and neighborhood acceptance, and overall atmosphere. In compliance with State regulations, homefinders licensed homes taking retarded adults.

Nonplacement services were an important component of the project. Much time was expended in counseling, referring, and providing services to persons who did not enter a family home. Some clients who were referred had hardships and illness too severe to

qualify for family home placement and needed nursing care instead. Counseling was also provided to concerned relatives who later decided against placement for their family member.

Project staff made extensive use of community resources. Volunteers from local colleges, agricultural extension offices, and local volunteer organizations participated in the project. Once family home sponsors were aware of the value of group participation, they volunteered their homes for special meetings of cooking classes and senior citizens' luncheon groups. Community organizations, churches, and clubs donated the use of their facilities for activities, and the news media gave regular coverage to the events. Local speakers who were specialists in various areas of interest participated in the programs.

Group activities were conducted by professionally trained group workers. Group work services were organized to meet clients' needs for outside stimulation, for belonging, and for emotional release. Group activities, including cooking, crafts, weight reduction, recreation, and skill training, provided both information and a milieu for socializing and group support toward individual growth and development. Such activities also allowed the sponsor some free time and improved working relationships between clients and caseworkers.

Homemaker services were provided in all three project areas for both clients and sponsors and included needed transportation to doctors or hospitals, friendly visits, sightseeing and shopping trips, and light cleaning. Homemakers also served as counselors to clients, taking time to listen to problems and sooth hurt feelings.

Staff and sponsors training was essential. Intensive formal and informal training was held initially for State and local welfare personnel. Training methods included supervisory conferences, workshops, and staff meetings; training workbooks and special articles; field trips; role playing; and tape recordings, videotape, slide, and other audio-visual presentations. Group meetings and casework services were used as training techniques for family home sponsors. By the end of the project each local office was experimenting with various innovative training methods and was developing a plan of ongoing training that was flexible enough to meet the needs and schedules of their staff members.

Facts and Figures

With a minimum of paid advertising and a maximum of free newspaper, radio, and television publicity, the project staff in all three local offices were able to recruit and approve a total of 543 sponsor homes.

Most of the approved sponsors were 40 to 64 years of age; 27 percent were over 65; and 50 percent were widowed or living alone. Seventy-five percent of the sponsors were white; 23 percent were black. All sponsors were in the medium to low income bracket, with 22 percent of incomes between $5,000 and $7,400, 31 percent between $2,500 and $4,999, and almost 25 percent under $2,500. Most of the sponsors lived in residential neighborhoods and owned their homes. A deliberate attempt was made to recruit low-income families, since foster family care was seen as a potential avenue towards self-support; 33 public assistance recipients became sponsors.

Fifty-seven percent of the sponsors who entered the program were motivated to earn money. If there were other strengths in the home and the family's financial situation was relatively stable, the home was usually approved. Twenty-one percent of sponsors took a client because they wanted to help others, and 19 percent did so for companionship.

Applicants for sponsorship were rejected most frequently for reasons of poor health or employment. (The project required that there be at least one adult at home with the client at all times.) Few applications were turned down because the homes did not meet the project standards.

Many sponsors did not complete the course of the project; most who terminated found other employment, while others desired to go under a private rate structure or to participate in the Veterans' Administration foster family home program. Ten percent of sponsors developed health problems and withdrew from the program.

Seventy-two percent of sponsors had some nursing experience, and 19 percent had previously cared for individuals in the home.

Most sponsors who were approved learned of it from newspaper articles and classified ads; 23 percent learned of the program from relatives, friends, or caseworkers. Most clients learned of the project through caseworkers and social workers; only 8 percent learned about the project through newspapers, radio, and television.

Over the 3 years, 1,641 clients were referred for placement; of these, 540 were placed. The clients placed were predominantly female and white. Thirty-seven percent were under 40 years of age; 31 percent received Old Age Assistance; and 12 percent received no public assistance.

Thirty-five percent of the 312 clients who left the project returned to or established their own homes. Eighteen percent entered nursing homes, and 12 percent either returned to or entered a mental hospital. A large proportion, 18 percent, disappeared from the project. (This includes some younger per-

sons who probably entered communal living.)

Reasons for termination of clients from project homes were analyzed: 40 percent were positive terminations, with clients returning to private living arrangements; 17 percent were neutral, including death, sponsor illness, and termination of temporary placement; and 43 percent were negative with clients unable to adjust, removed from an inadequate home or sponsor, entered or returned to an institution, and the like.

Seventy-one percent of the clients were placed only once. Inadequate or insufficient referral information, quick placement without adequate client and sponsor study, and demands for immediate placement by institutional staff necessitated replacement in 29 percent of the cases. Certain clients were placed more than once because their progress indicated a need for more independent living arrangements.

An assessment of each client's functioning was made by the caseworker at the time of placement. Three months later another assessment was made by the client, the sponsor, and the caseworker; yearly assessments were made thereafter. Although most clients did show improved functioning in all areas (health care, employment or training, social activities, self-care, financial management, recreational activities, and family ties), no consistently comparable assessments were obtained. However, after 3 months of family home living, adults were considered somewhat closer to the average in their functioning than at the beginning of the placement.

Deterioration was believed to have been slowed in many clients, thus preventing or postponing nursing home or institutional care. The client's potential was improved in nearly every placement which lasted, and mental and emotional self-sufficiency increased, allowing less expensive living arrangements to be made.

Findings

Characteristics of a Good Family Home. A foster family home for adults program can be both rehabilitative and preventive for selected individuals. Home sponsors need not have a nuclear family: husband, wife, and children. Widows, divorcees, and single persons can provide good homes. Preferable physical assets of the house include sidewalks and easy access to the outside, few or no stairs, bathroom grab bars, guardrails, level floors, and nonskid rugs and floors. In addition to these comfort and safety needs, privacy and room for personal belongings are almost requirements. Elderly people and persons coming out of State institutions enjoy this privilege; the exception is young people who enjoy having roommates.

A relaxed atmosphere of family life and the opportunity for recreation, including watching T V , reading, and hobbies, are important. Serving nourishing meals with some catering to personal preferences helps. Sometimes guests coming from large institutions find family meals meager in comparison to the large second helpings to be had at the institutions and need to be reeducated in their eating habits.

Characteristics of a Good Sponsor. The successful sponsors were those who were warm and concerned, interested and involved, flexible and natural in their relationships with their clients. Maturity, ability to understand a complex society, and an understanding of certain disabilities are essential. In addition, the sponsor must be able to motivate his client and give firm, yet warm, discipline and direction.

Criteria for Client Selection. The referring agency or institution, family, relatives, or others must deem the client in need of a protected community living situation with a family. This includes a judgment that the client will endanger neither himself nor others. Then, the client should be informed of the alternatives and must willingly choose to try family home care. The client should be able to take his own medication with supervision, as needed, and be ambulatory (in some cases with the help of prosthetics); he should not require skilled nursing care.

The client should be in need of the social, emotional, and community support which is more available in the community than in an institution. Family home placement was feasible for most persons able to meet the above criteria, but persons with the following problems have a low potential for success in a family home: alcoholism, drug abuse, incontinency, problems with violent or impulsive behavior, suicidal tendencies, running away, and sexual problems.

Costs and Benefits. Over a 3-year period, $1,415,800 were received in federal and State funds. The State and Federal governments shared the monthly client maintenance costs. All project staff costs were federally funded, and over half of the federal funds were used for project administration. To make the demonstration as inclusive and complete as possible, project staff funding was deliberately enriched. Costs of paid advertising were minimal because of excellent support and contributions from the public media and many public and private organizations.

Alternative living costs were determined for each project client upon admission to the program. However, since costs of alternative living situations (*e.g.,* State institutions, nursing homes, and others) were not

detailed, specific comparisons of project costs were not possible. In addition, costs for conducting the same program at State rates, instead of enriched project rates, were determined. The monthly cost per client in the project, with enriched staffing and payment of $150 per month for care and $30 for personal incidentals, was $353. In nonproject local offices, which paid State rates of $115 or $145 for care and $8 for clothing and personal incidentals, the cost per client per month was $158. In these same offices, with project rates for care and personal incidentals applied, the cost was $207 per month per client.

Caseload, Workload, and Training. There were comparatively large numbers of disability assistance recipients in the project, most of whom came from State and mental hospitals and State schools for the retarded. They brought with them many problems and required a great deal of support to remain in the community; hence, although caseloads were small in terms of numbers of clients, they were large in terms of the workload and demanded much skill. The optimum caseload size proved to be 35 continuing clients and 10 clients needing placement.

The supervisors of the three units agreed that five homes studied and approved each month was the most feasible homefinding caseload. In making home visits and contacting each reference, homefinders were engaged in public relations activity not only for the family home project, but also for the whole State Department of Social and Health Services.

Both sponsors and staff accepted training most readily when material was "live" or actual cases were discussed. Staff tended to consider only formal lectures or the flip-chart method of presentation as training.

Implications for Action

The implementation of a family care program for aged, infirm, or physically, mentally, and emotionally disabled adults is cost effective and should be considered by all public agencies.

The use of public assistance recipients as self-employed family home sponsors could result in reductions in welfare payments and services. Public welfare departments operating family home programs should consider extensive recruitment of sponsors from among their AFDC caseloads particularly.

Family home programs must be authorized to pay home care rates that are high enough to attract sponsors. Otherwise, an insufficient number of homes will be recruited and/or remain with the program. A cost study is needed to determine the actual cost of maintaining an adult in home care.

Adult family home care is one alternative on a continuum of services which public agencies must be able to provide to make the most efficient use of funds available to serve all clients in need. Since related government programs, including welfare, aging, developmental disabilities, vocational rehabilitation, and mental health, all serve clients who may need adult foster care, an interagency pooling of resources may present the most logical method of establishing and funding such a program.

The current method of funding a family home for adults program within a state welfare agency is a 50-50 federal-state matching of funds under maintenance. If encouragement of nationwide implementation were desired, one alternative which might be considered as a temporary measure

until programs are established is a change to 75-25 federal-State matching charged to services.

The replacements necessitated by emergency placements demanded by hospitals and dissatisfied clients and sponsors can be reduced by designating certain sponsor homes as standby homes and by developing working relationships with facilities for provision of temporary care.

A followup study is needed to determine the status of the client placed for any extended length of time and to assess employment status, level of independence, and supports needed to maintain independence. Results of such a followup would provide much needed information on the effectiveness of placements as measured by long term client gain.

A study of interracial placements would be of use in identifying criteria for selection of clients and sponsors for interracial placements, in discovering problem areas, and in determining attitudes and motivation.

Discussion and Limitations

This high impact demonstration project used many of the best techniques, including utilization planning from the initiation of the grant application and a cost-benefit analysis to ensure that evaluation results would be both usable and used.

The methodology is particularly noteworthy for its inclusion of a cost-benefit analysis by Touche Ross and Company, a private accounting firm of national standing. Unfortunately, the decision to include a cost-benefit design was not reached until the third year. Therefore, Touche Ross could not assign actual dollar values to the cost and benefits categories, since no system for eliciting such statistics, (or recording necessary data), had been included in the methodology followed in the first 2 years of the project.

Although analysts were able to obtain some actual cost data from a variety of sources, most figures represent best estimates obtained from people trained in the project's methods and closely associated with its operation. Nevertheless, Touche Ross comparisons of project costs with prior living costs and probable alternative costs were favorable, and Touche Ross analysts expressed confidence that cost benefits would result from programs of this kind.

The decision to include the Seattle unit in the demonstration was also made after the project was underway; the applicability of project findings to inner-city minority group populations is therefore weakened. It should be noted that both the inclusion of a cost-benefit analysis and the entry of the Seattle unit were appended to the project methodology at the insistence of SRS after grant approval.

The process for assessing clients' functioning was weakened by the evaluation procedure used. Objective observers would, perhaps, have added to the validity of conclusions reached by project workers, clients, and sponsors — who cannot be expected to be totally unbiased. Nonetheless, it seems reasonable to accept the statement that many clients' functioning improved because of the project.

Impact

Planning for eventual statewide implementation of a family home program for adults began with the original project grant application. In fact, the project set out both to demonstrate feasibility and, through experience, to develop materials and methods for later use throughout the State and Nation.

Both as a result of the careful utilization planning and demonstrated success of the project, the adult family home program was not only continued in the project area, but also extended statewide. Meetings of key local and State welfare administrators and staff members prepared the groundwork for the statewide program, in the second year of the project. Current standards for home approval and client placement do not differ markedly from those pioneered in the project. The major differences are in eligibility, allowing admission of adults requiring some nursing care, and in the reduction of the amount of payment to family sponsors.

By October 31, 1971, approximately 560 homes had been licensed or approved statewide, serving 449 clients. Unfortunately, the reduction in monthly payment from the $150 offered under the project to the $115 authorized under the State program continues to hamper the acceptance of the program among potential sponsor families. The reduced funds have also resulted in uneven development of the program.

Training procedures have been influenced by project materials on the differentials in homefinding for children and adults. These materials have proved useful in public relations and have been incorporated into the Adult Services Section of the State Department of Social and Health Services Manual. In addition, the content of the final report was specifically designed to facilitate training. Chapter III, for example, presents guidelines for selecting clients. Each chapter subject is complete and usable in itself.

A strong information-giving campaign has successfully presented the family home program to local, State and national welfare personnel, and

the general public. Project directors have appeared on local Washington television programs at least twice, using scenes from a documentary film produced under the project. Videotapes of these T.V. appearances are now available through the Washington State Library. Numerous newspaper articles have been written about the program, and the article "Finding Foster Homes for Adults" by Virginia Fenske and Maxeen Roecker, which appeared in the fall, 1971 issue of *Public Welfare,* has received wide attention and still brings much correspondence and many visitors to the project.

Bridge Over Troubled Waters, a documentary film produced by the project, is in considerable demand throughout the State. Copies are now available through the Washington State Library. The documentary is also available on a free loan basis from the National Audio-Visual Center, Suitland, Maryland 20409.

In addition, a supervisor in the Pasco office used $1,000 of his own money and equipment to prepare a series of slides with oral commentary which have been shown to interested groups numerous times. A copy of the slides has been placed in the Washington State Library in Olympia and is available for loan throughout the State. Both the documentary and the Pasco slides depict a variety of family homes, family sponsors, and "guests" — attesting to the versatility of the program.

Only three States were conducting foster family home programs for adults prior to the Washington State demonstration project; two accepted the aged only. However, as a result of the well publicized success of the Washington project, many other States have become interested in establishing a similar program. The State Welfare Departments in Utah, Arizona, and Idaho have expressed interest in starting a family home program for adults, and welfare officials from Alaska visited the project with a view toward starting a program in their State. West Virginia's Department of Welfare initiated a program in 1972. Training materials from the Washington project were used in training West Virginia staff for the start of the new program.

Project correspondence indicates that the following agencies are starting adult family home programs: Philadelphia Presbytery Homes, Ardmore, Pennsylvania; Bernalillo County Welfare Office, Albuquerque, New Mexico; Department of Social and Health Services, Boise, Idaho; Department of Mental Health, Boston, Massachusetts; Massachusetts Mental Health Center, Boston, Massachusetts; State Department of Public Welfare, Austin, Texas; and Social and Rehabilitation Services, Oklahoma City, Oklahoma.

Perhaps the story of Mr. D. best illustrates both the human benefits and the cost benefits which accrue from family care for homeless, handicapped adults:

Mr. D., age 79, came to Pasco and a foster family home in July 1969. He had spent 45 years in Western State Hospital, and 2 years before that in a private sanitarium. Although parts of the record are vague, and Mr. D. is apt to be inaccurate, the record reveals that he quit school in the eighth grade. He traveled from Seattle to Alaska where he worked in a logging camp and in a fish cannery. He never married and his nuclear family seems to have been largely forgotten. A drinking problem developed and he became delusional. The precipitating factor is not known, but hospitalization soon followed the drinking and delusions.

While in the hospital, he worked in the repair shops. He was a good worker, although he often talked to unreal and imaginary companions.

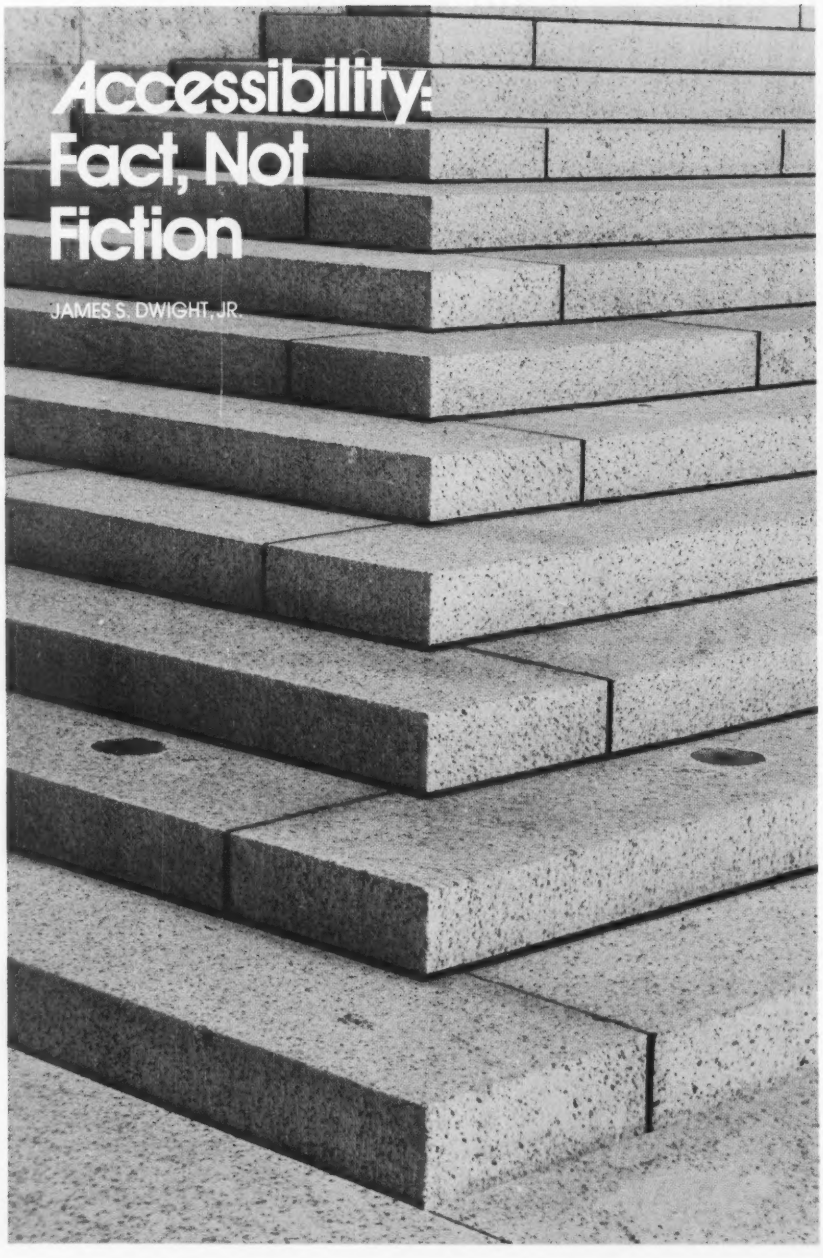
No admitting diagnosis was available to the worker who placed Mr. D. in a family home. However, a revised diagnosis made shortly before placement indicated that he was found to be schizophrenic, residual type.

Mr. D. was placed in a large, older semirural home in July 1969. The sponsors are understanding and tolerant of his lack of interest in the world and in his inactivity. Attempts to socialize through group activities have not been too successful.

The project staff feels this placement is worthwhile, even though Mr. D. has occasional delusions and has not reentered community life. He is receiving good personal care and supervision in a private home at much less cost than if he had remained in the State hospital.

While it cost the State of Washington $770 per month to maintain Mr. D. in the State mental hospital, it costs only $353 a month for his care in a foster family home. For the 30 months he has been living with his foster family, $12,510 of public welfare money has been saved and a space has been opened in the State hospital for someone in need of institutional care. These cost figures, added to the immeasurable personal benefits derived by Mr. D., present the most convincing case that foster homes for adults must be fully explored as a critically needed alternative to institutionalization for homeless adults.

Mr. Chouinard was a consultant for this project to the Regional Rehabilitation Research Institute, University of Florida, under whose auspices this report was prepared with SRS funding support.



Accessibility: Fact, Not Fiction

JAMES S. DWIGHT, JR.

For many physically disabled persons, relearning ambulation by crawling may be part of the initial phase of a lengthy and desperate rehabilitation process. It is especially arduous if the person is further affected by the negative influence of disability-related fatigue, and psychological depression. Certainly, the effort expended to regain limited usage of one's physical ability constitutes an experience never to be forgotten.

Such memories become "instant replays" following discharge from a rehabilitation facility, due to the endless architectural barriers one faces wherever one journeys. The daily struggle to overcome obstacles to work, housing, transportation, education, polling places, health care facilities; also, local, county, State and federal administrative offices, and recreational facilities is stupendous. It is an epic story of human perserverance that would diminish Homer's Odysseus.

For blind people, every step is an exquisite calculation, with few guides provided by society. People with extensive hearing loss must seek substitutes for familiar sounds that we use as clues to our relative location within our immediate environment. Sounds such as audible elevator signals, alarm clocks or emergency sirens are mere cultural amenities to most. People with mobility problems are compelled to surmount countless curbs, staircases, and other assorted impediments considered essential by the majority of civic architects and engineers.

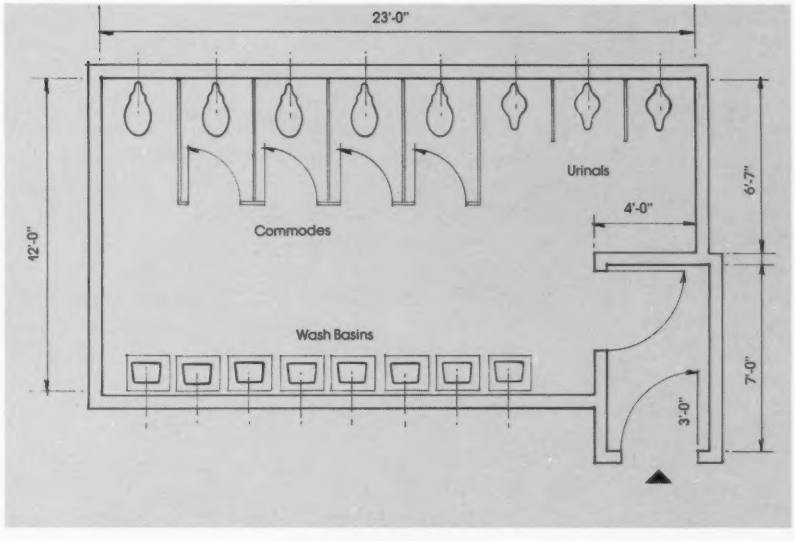
And so it has been for years for scores of employees of the Social and Rehabilitation Service and disabled

visitors to SRS headquarters. It is ironic that 1967 brought Congressional passage of the Architectural Barriers Act (Public Law 90-480), and the consolidation of the old Vocational Rehabilitation Administration into the new Social and Rehabilitation Service. Thus, SRS was launched in a facility, formerly known as the HEW South Building, that was completely inaccessible to disabled persons.

At that time, the agency counted very few disabled employees among its personnel roster. Still, a few began to seek minimal, but essential, modifications to the building to make it more accessible and usable.

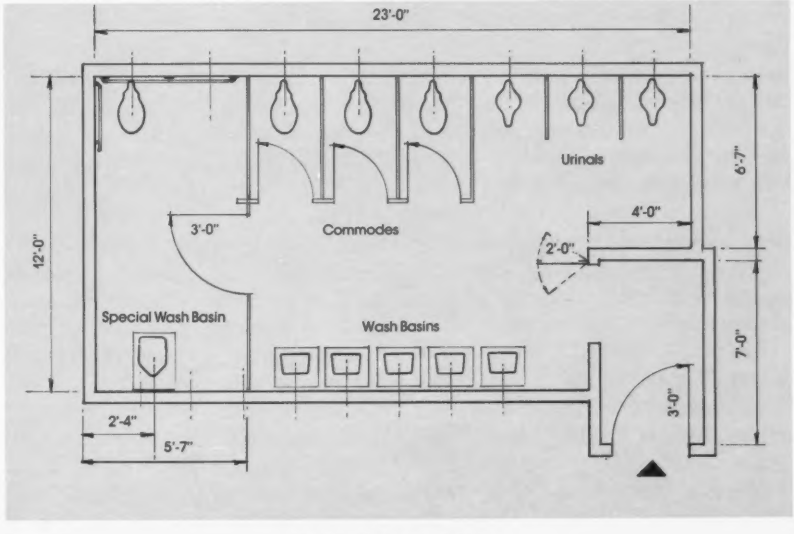
Slowly, from 1969 to 1972, temporary features, later to become seemingly permanent, were installed. Ramps were located at the west entrance, several public phone booths were lowered to wheelchair user height; minimal alterations were made to a few lavatories and preferred parking privileges were extended to disabled employees. Also, when the automatic elevators were installed (1969) in the west end, they contained control panels located at a height that would permit their use by persons in wheelchairs. In addition, special communications equipment was placed in the offices of the blind and deaf divisions of RSA, and individual furniture, floor covers, and other equipment were made available

Still, these renovations were qualitatively inadequate. All too often, the special features were provided grudgingly, were unsightly, and, in a few instances, hazardous. Indeed, as the numbers of disabled professional,



Existing Public Toilet

Scale 1/4" 1'-0"



Public Toilet Modified

Scale 1/4" 1'-0"

technical, and clerical personnel increased, it became obvious to them and to some of their colleagues that their working environment could and should be vastly improved. Moreover, the justification of such a project was based on sound economic principles; very simply, it would enhance the productivity of disabled employees and would reduce the possibility of injury on the job for all SRS men and women. Finally, it was the right thing to do and would be an example for other federal facility management leaders to follow.

In 1972, Congress passed legislation changing the name of the HEW South Building to the Mary E. Switzer Building as a memorial to the first Administrator of SRS. Shortly thereafter, John D. Twiname, then Administrator, established a disabled employees ad hoc committee to study a proposal for renovation that had been prepared at his request. During the ensuing period, which brought a change in administrators, this committee demonstrated its ability to provide the Administrator's Office with substantive reasons for extensive renovations. After evaluating existing facilties, a more comprehensive proposal, with budgetary estimates, priority schedules, and approximate deadlines, was submitted.

The proposal called for approval of a master plan, an indication to the General Services Administration that implementation of the plan should begin immediately upon joint SRS/GSA approval, a mutual maximum completion time of 18 months agreed to, compliance with American National Standard Institute specifications for wheelchair accessibility adopted, and continuing review of projects underway by handicapped employees knowledgeable in accessibility design and construction. Finally, it would be understood that the alterations would be compatible with the aesthetics of the Switzer Building.

My immediate impression of the proposal was that it was reasonable, considerate of many complex and interrelated factors, well conceived, feasible, and fiscally sound. Following approval in August 1973, meetings were scheduled with GSA representatives to initiate implementation. In conversations with Mr. Dwight Ink, Deputy Administrator, GSA, it was agreed that this project would be given adequate priority status to achieve the desired results.

Details of the plan were developed through frequent meetings of the ad hoc committee and members of the SRS General Services staff. As each item on the renovation checklist has been resolved, it has been rigorously studied to ensure that it represents the most acceptable design. Completed portions to date include special, extra-width parking places, lowered drinking fountains, coupling visual alarms for deaf people with the regular audible alarm system, and creation of a model lavatory for testing prior to remodeling other lavatories.

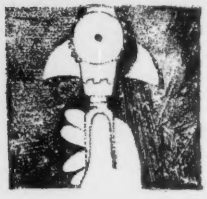
Current work in progress consists of new exterior ramps with heating elements beneath the inclines for ice removal, an additional automatic door at the east entrance, installation of lightweight doors to offices along the main corridors of each floor; and special signal and communication systems in the west lobby automatic elevators for the use of blind and deaf persons.

The objective of this cooperative effort is to create a model of access and use in a building wherein disabled people engage in federal operations continuously. If all goes well, the project should be completed by the summer of 1975. Thereafter, it will permanently remind everyone that it is feasible and desirable, under the law, to remodel inaccessible federal facilities to correct such deficiencies. Surely, at less than 1 percent of the original investment—in this case the cost will be under $200,000—it is a bargain.

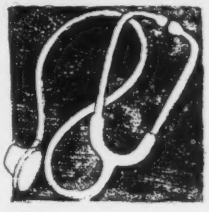
Undoubtedly, it will be a facility that disabled people and workers in rehabilitation and related fields would want to visit during our Nation's Bicentennial. For the members of the SRS employees ad hoc committee, it will be a symbol of success, and an example of ending "quiet desperation" through utilization of existing design concepts and standards. Moreover, this effort will serve not only as an example of how an existing facility can be made barrier free at a reasonable price, but also will demonstrate clearly how a thoughtful and interested group of employees can effectively assist management in the achievement of major changes benefiting employees. Finally, it will serve as a symbol of what the rehabilitation process is all about: handicapped persons participating in and directing their own destinies.

Mr. Dwight is Administrator, Social and Rehabilitation Service.

Children should be seen.

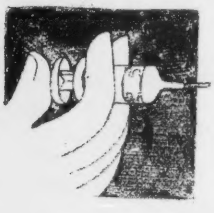


And heard.

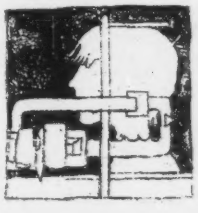


And ahhh'd.

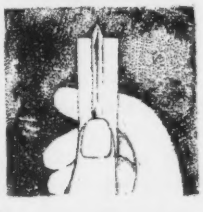
And needled.



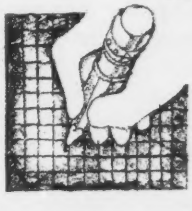
And measured.



And tested.



And charted.



And treated.

Preventive health services are important to vulnerable children . . . especially those from poor families, who have 3 times as much heart disease, 7 times the visual impairment, 6 times the hearing defects, and 5 times the mental illnesses. That's why there is an EPSDT program . . . Early and Periodic Screening, Diagnosis, & Treatment. Children in Medicaid families qualify for EPSDT.

For more information, see your local health or welfare office or write Commissioner, Medical Services Administration, Washington, D.C. 20201.

State Practice in AFDC Management

LUDWIG GUCKENHEIMER

In November 1973 all State welfare agencies submitted to SRS corrective action planning reports based on their quality control findings for April to September 1973. The reports' objectives were to identify causes of error and to develop remedial plans. By analyzing the plans, categories of proposed corrective actions were made and their frequency was established.

As a result of these analyses, a series of publications was planned to illustrate State practices. This article briefly describes the publications[1] either issued or to be issued. Their preparation was based on fact-finding visits in the States and on materials furnished by the State.

Since the examples reflect agency practice, they should not be construed as statements of agency policy or standards recommended by SRS' Assistance Payments Administration (APA). Rather, they reflect the mutual interest of SRS and State agencies in improving administration.

Except for policy simplification with respect to assistance standards[2], all corrective action activities relate to needed improvements in program management. For assistance standards, instead of issuing examples of State practices, APA is now producing guide materials to aid States in consolidating assistance standards and in developing flat grants. The subjects selected for the examples of State practice in program management fall into two major groups: Improved services and strengthened internal controls of program administration.

Managing the Intake Process

An effective intake system is critical to a well-run income maintenance program. Initial eligibility and payment decision set the stage for the remainder of the income maintenance process. Erroneous decisions here may later require major efforts for correction, if at all retrievable. Each intake component must be developed and implemented to contribute to the smooth functioning of the whole.

Washington State and Hennepin County, Minnesota , are used as examples for the intake process. The significant features include:

- Screening by an experienced eligibility worker near the beginning of intake. He reviews basic eligibility, eliminating marginal applicants;
- Staff specialization for handling special groups of cases, such as employable adults, unemployed fathers, and foster care cases;
- Face-to-face interviews with applicants and selective verification, based on error-prone and hard-to-verify eligibility factors;
- Separating specific tasks for eligibility workers and skilled clerical support workers;
- Reviewing intake documentation and decision before transfer to the case maintenance unit by a case supervisor or lead worker (a special projects unit and clerical review of the grant authorization);
- Case processing control of pending applications. This results in weekly and monthly management reports.

Enforcement of Child Support

Efforts to obtain child support are increasing. Absent parent cases in the AFDC caseload constitute the largest portion of the program. This portion has been primarily responsible for the large increases in cases receiving assistance in recent years. Attention focuses on establishing paternity for children born out of wedlock, locating absent parents and determining their ability to provide care and support to their children, securing and enforcing voluntary support agreements or court orders for support from absent parents and other legally responsible relatives, and collecting support from absent parents on a sustained basis.

Programs in these areas were chosen from Massachusetts and Washington.

They both employ a Statewide support enforcement unit that locates absent parents and collects support payments. Their duties include cooperative efforts with courts regard-

ing support and paternity, voluntary support agreements between parents as a first course of action, prompt and vigorous followup in failures to provide support, payment of the full standard of assistance in the assistance grant, and substantial cost benefits respecting collection activities.

Washington has established specific civil remedies, such as liens and foreclosures, seizure and sales of assets, and orders to withhold wages which employers must honor. Administrative proceedings largely substitute for court action. Administrative hearing officers hear and decide appeals by parents contesting their liability. The mother has the option of receiving the full AFDC grant with the Office of Support Enforcement making the support collections or of receiving the support payments directly from the other parent and a reduced AFDC agency payment.

In Massachusetts the mother receives the full amount of the AFDC payment, and support collections are handled as refunds.

Photo-Identification Card System

Because of widespread check thefts, forged endorsements, and duplicate payments, proper identification of recipients has received increased attention. Proper IDs facilitate check cashing, protect banks and businesses, minimize forged endorsements, and help reduce unjustified claims for replacement checks.[3]

The illustration describes the New York Department of Social Services' system, which operates under State law. Consideration is given to available options in the issuance process and essential planning decisions; to the extensive start-up procedures employed by the agency in the mass issuance of the initial cards; and to continuing maintenance processes.

A special system feature is the use of a reconciliation number on the card. When a person cashes a check for a recipient, he must write the number next to the recipient's endorsement, evidencing proper recipient identification.

Agency-Recipient Communications

A publication of the character described so far did not prove feasible in the area of agency-recipient communication. Examples from 10 States were used here, rather than the two-State examples used in others.

Special attention is given to the recipient's prompt reporting of changes in family circumstances, since failure to do this constitutes a large portion of committed errors. Many recipients, it was found, failed to report underpayments, as well as overpayments. This results from recipients not understanding program expectations and from inadequate program explanations by agency staffs.

Although communications have been both oral and written, more emphasis is being placed on face-to-face interviews, requiring skill on the eligibility worker's part.

The publication discusses differences in State practices, effective procedures and report frequencies, the use of inserts with payments, the special mailing of questionnaires, spot news media announcements, and office displays.

Part II deals with developments of case characteristics that have been found most frequently to be subject to error. These call for special attention through verification or more frequent redetermination. Among activities discussed are the development of error profiles, data exchanges, administrative controls, local supervisory reviews, special reviews, and management information systems. Improved staff training and program supervision are of special interest.

Staff Training Programs

In 1973, Texas developed a comprehensive training program, based on finding appropriate talent to supply the required skills and knowledge needed, coordinating of training, and continuously evaluating training.

The report describes the structure and functions of the training program at the State and regional levels, including orientation for new staff, the continuing training program, the process of developing training materials, and evaluation techniques.

Comparable information describes Florida's training program.

State Monitoring

In their corrective action plans, 33 States needed strengthened monitoring of local office performance. They recognized that quality control findings on the rate of incorrect payments must be complemented by other means of performance evaluation. The illustration shows that State monitoring can be accomplished through different approaches and means. Its basic purpose is to provide the State

agency with adequate and current information to assess properly total performance.

Washington and Maine were selected to illustrate two very different approaches. Both programs are State administered.

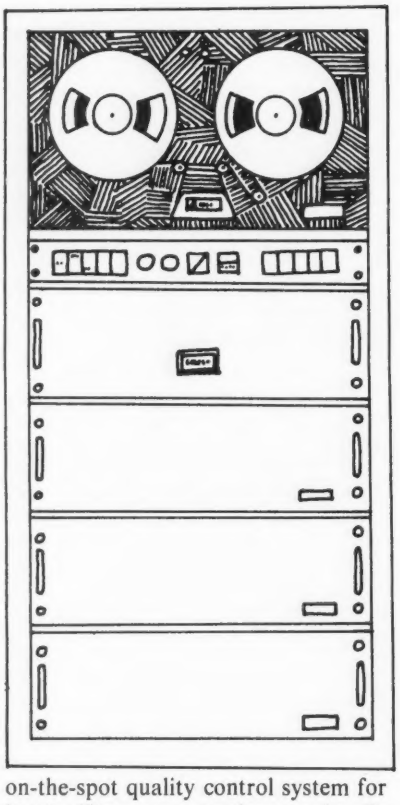
Washington's monitoring plan has the following components:

- Operations review teams that conduct on-site administration-management reviews, including prereview planning, formal entry interviews, conduct of reviews, formal final reports with recommendations, and local office followup reports;
- Regional structure with line authority to control local operations;
- State unit for policy development providing consultation to regional and local offices; and
- State management reporting system of automated and manual reports.

On the other hand, Maine has a much smaller caseload, and it uses regional offices as its operating base. With one less administrative level to deal with, the State uses its well-developed reporting and management information systems as the primary vehicles for achieving monitoring objectives. It does this without using special operating review teams or other specific monitoring units. The publication describes both approaches, thereby providing the opportunity for comparison. The conclusion is obvious: the larger the caseload, the more structured an approach is necessary.

Local Supervisory Review

A local supervisory review of case actions effectively complements State quality control review and provides an



on-the-spot quality control system for local offices or supervisory units. In addition, it provides management information on production and quality of performance. If so used, the system reaches beyond the scope of the current quality control system. Federal guide materials to stimulate the use of local supervisory review schedules were first issued in 1972 and reissued in 1974[4].

The New Mexico Public Assistance supervisory case review system is well suited for adaptation elsewhere. It has been used successfully to strengthen the supervisory process. Its expanded use provides a workload planning tool for the eligibility worker.

The illustration details the processes inherent in using the schedule, its uses and products, and the use the State agency makes of the findings. In summary, the agency has employed the local case supervisory schedule to develop a systematic and disciplined approach useful to eligibility worker, supervisor, and administrative staff in meeting their respective functions and responsibilities.

Work Measurement

The State corrective action plans identified the improvement of local staff levels as an item of high priority. To accomplish this, a systematic approach towards task analysis, work measurement and work simplification is a prerequisite for achieving adequate results. In 1972, APA issued guide materials for a work measurement[5] and work simplification program for the income maintenance function. These materials constitute a practical manual for the conduct of such a program.

The illustration contains the application of this approach in Michigan by presenting the State's own description of its methodology and results. The results have been used in developing a manpower budget and in negotiating needed manpower with the State legislative budget committees.

Wage Record Clearance

Many payment errors occur when a family member has earnings that go unreported. States have been seeking better information in these cases. One means of gathering the needed information is the employee's earnings

record that is submitted to the State Employment Service agency in connection with the payment of payroll taxes. However, not all such agencies maintain these records. In 14 States, the Social Security Administration maintains them.

Data so obtained cannot be used directly as verification of income, but the data provides investigatory information. Even though the reports are received quarterly and represent the preceding quarter, the data confirm, nevertheless, that a person has worked, where he has worked, and how much he has earned.

Wage record clearance systems and data exchanges have been developed in several States. The publication describes the Colorado and Oklahoma systems. There are some significant differences in the processes and in the extent of automation. The specifications for each system are included in appendices. Consideration is also given to policy questions involved in handling the information.

Fraud Control

Welfare fraud has concerned many people and States have been encouraged to establish effective procedures for its control. Each State welfare law defines fraud and provides for enforcement policies and internal agency procedures.

In addition to willful withholding of information which results in improper payments, incorrect assistance payments may also stem from lack of understanding by recipients or their misconception of the meaning of regulations and agency instructions. The latter results in recipients completely or partially failing to report changes in a timely fashion. As was mentioned earlier, agencies are attempting to identify the areas and causes of defective agency-recipient communications and to resolve them.

California and New York fraud control systems were selected for description. Both programs are State supervised and have strong local unit administration. Yet there are significant differences in their approaches. California has developed a strong central organizational unit in the State office that assists county welfare departments and other agencies and offices to develop, implement, and administer a fraud control program. They are designed to identify, investigate, and evaluate suspected welfare fraud situations for referral to law enforcement officials. Emphasis is placed on the employment of investigative techniques. Suspected fraud encompasses situations in which failure to report changes has occurred.

Because of specific problems identified by the agency, the New York approach has been more preventive. Such problems as the presence of the presumed absent parent in the home and check abuses were so widespread that more drastic measures were needed than could be handled through complex fraud procedures which, in part, depend upon the local political climate for successful implementation. Both New York and California took effective measures to strengthen the eligibility determination process, to require face-to-face contacts for redeterminations, to provide better staff training and information to recipients, to develop additional informational resources for locating absent parents, to make use of a mail questionnaire to all recipients to determine their current situation (a monthly process in California), to make on-site audits in county agencies, and to prevent check abuse through improved methods for recipient identification and staggering of pay dates.

The illustration contains detailed descriptions of the two systems. Specific features can be helpful to the States in their planning errors.

Conclusion

The project described in this article sought to develop helpful materials for income maintenance program improvement in the States. The studies have provided broader insights in the many administrative problems beyond the scope of the individual illustrations. They have provided a stimulus to explore other subject areas of common interest to the States and are considered an effective way of making small staff resources in the federal agency go a long way in providing technical assistance.

Mr. Guckenheimer is Director, Division of State Systems Management, Assistance Payments Administration, SRS, and serves as liaison with SRS Quality Control Staff.

Notes and References

1)The 10 publications are:
Local Supervisory Review of Case Actions - The New Mexico

Continued on page 32.

The Administrative File

Each month the SOCIAL AND REHABILITATION RECORD will carry a listing of SRS administrative issuances for previous months. Over the course of a year, the RECORD will have presented a complete bibliography of administrative issuances for the year.

The following are the administrative issuances for the months of October and November 1974. (Abbreviations key: **PR**-Program Regualtions; **PRG**-Program Regulations Guides; **PI**-Program Instructions; **IM**-Information Memoranda; **FSI**-Field Staff Information and Instruction Series; **AO**-Administrator's Office; **MSA**-Medical Services Administration; **APA**-Assistance Payments Administration; **CSA**-Community Service Administration; **RSA**-Rehabilitation Services Administration; **NCSS**-National Center for Social Statistics.

When ordering reports, please specify the appropriate room number for the particular report: For NCSS reports, room 2620; AO reports, room G-115B; RSA reports, room 3126; APA reports, room 1232E; MSA reports, room 4094; and CSA reports, room 2010.

Send all requests with the appropriate room number to Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 330 C Street S.W., Washington, D.C. 20201.

APA-PI-75-8: Hearings: abandonment of Request (10/18 74)

APA-PI-75-9: AFDC Foster Care (10/25/74)

APA-PI-75-10: FFP for Costs of Reimbursing Specified law Enforcement Officials Under Written Agreements with State or Local Agencies to Establish Paternity and Obtain Support for Children Receiving AFC (11/12/74)

APA-IM-75-6: Payments to States—Promulgation of Federal Percentages and Federal Medical Assistance Percentage (10/1/74)

APA-IM-75-7: How-They-Do-It: Managing the Intake Process (10/9/74)

MSA-PI-75-5: Preprinted State plan for title XIX—amendment to implement utilization review requirement for discharge planning in skilled nursing facilities. A revised page 16 containing an updated citation is attached; No change in text is required. The revision should be submitted to the SRS Regional Commissioner by 12/2/74. (10/3/74)

MSA-PI-75-6: Preprinted state Plan for title XIX—amendmendment to reflect change in cost sharing provisions enacted by P.L. 93-368, approved August 7, 1974. Section 9 of that statute makes the imposition of a premium or similar charge on the medically needy a State option rather than a requirement. Revised pages 19 and 19a of the preprinted plan are enclosed, and should be submitted to the SRS Regional Commissioner by 12/26/74. (10/11/74)

MSA-PI-75-7: Preprinted State Plan for Title XIX Amendments relating to Quality Control (11/1/74)

MSA-PI-75-8: Submission of ICF and Title XIX-only — SNF Survey and Certification Reports to Regional Offices (11/20/74)

MSA-PIM-75-5: Social Security Benefit Increases—Effect on Medicaid Eligibility (10/21/74)

AO-IM-75-11: Securing Control (10/18/74)

AO-IM-75-12: Waiver of Title XVIII Utilization Review Requirements Under Section 237 of P.L. 92-603 Pending final Regs (10/22/74)

AO-IM-75-13: Extension of Comment Period on WIN Regulations (10/29/74)

AO-IM-75-14: Energy Conservation—Winterizing Homes of Public Assistance Recipients (11/6/74)

AO-IM-75-15: Limits on (Payments for Treatment of End State (Renal Disease) (11/22/74)

AO-IM-75-16: Additions to the Compilation (11/13/74)

AO-IM-75-17: Reimbursement for Prescribed Drugs (Generic Drugs) (11/27/74)

AO-PR-40-9(C-1): Discharge Planning (10/3/74)

AO-PR-40-6(C-2);10-11 (C-23); 40-1(C-2); 40-29(C-1): Cost Sharing for the Medically Needy and Compensation of Long Term Care Facilities (10/11/74)

AO-PR-10-21: Quality Control (10/18/74)

AO-PR-40-11(C-11): Payment for Chiropractor's Services Under Medicaid (10/23/74)

AO-PR-20-1(C-1): Expiration of Community Work and Training Program (11/4/74)

AO-PR-30-I(C-11): Correction of Federal Sharing in Emergency Services (45 CFR 220 61(f) (10/31/74)

AO-PR-40-11(C-12): Provider's Agreement Withholdings of Matching of Payments to Unqualified Skilled Nursing and ICF's (11/13/74)

AO-PR-10-9(C-4): Designation of Presiding Officer at State Hearings (11/21/74)

AO-PR-40-11(C-13); 40-40; 40-41: Utilization of Care and Services, Medicaid Program (11/29/74)

RSA-IM-75-21: Regional rehabilitation Continuing Education Programs (10/2/74)

RSA-IM-75-22: Data on Caseload in State Vocational Rehabilitation Agencies, Fiscal Year 1974 (10/10/74)

RSA-IM-75-23: Number of Rehabilitations: July 1 to July 31, Fiscal Years 1974 and 1975 (10/10/74)

RSA-IM-75-24: Report on Social Security Disability Insurance Beneficiaries in Caseloads of State Rehabilitation Agencies, Fiscal Year 1974 (10/31/74)

RSA-IM-75-25: Preliminary Report on Characteristics of Rehabilitated Clients—Fiscal year 1974 (10/31/74)

RSA-IM-75-26: Summary of Major Provisions of the Congressional Budget and Impoundment Control Act of 1974 (Public Law 93-344) (11/4/74)

RSA-IM-75-27: Number of Persons Rehabilitated and Active (Accepted) Cases Served by State Vocational Rehabilitation Agencies, Rate Per 10,000 Disabled Population, by Region and State, and Rank by State,

Continued on page 34.

Is College Preparation Enough?

LINDA BOZZA

The unemployed college graduate has become a reality. No longer is a college degree the key to a good job and a successful future. Job market competition is keen. More often than not, the inexperienced graduate falls by the wayside. Inexperience, compounded by severe physical disability, makes entrance into the job market markedly more difficult.

In 1969, the President's Committee on Employment of the Handicapped projected: "Based on current estimates, . . . the college-age population will be about 14 million in 1970. Approximately 7 million will graduate from high school and roughly 2.3 million will have college potential and will go on to college. Two hundred thirty-five thousand will have some type of handicap, and 23,500 will be severely handicapped."[1]

Presently, there are over 7,000 physically disabled college students in New York State alone. The large majority probably will follow the pattern of previous graduates, *i.e.*, unemployment or employment in an unrelated lower capacity—unless preventive measures are implemented.

Human Resources Center, Albertson, Long Island, N.Y., continually directs substantial energy toward placement of the severely disabled in competitive employment. As a comprehensive facility, it is composed of a school for severely disabled children, a work demonstration organization and the Human Resources Research & Training Institute.

In recent years, the number of unemployed college graduates referred to the center for placement assistance or retraining has increased at an alarming rate. The need for a program, geared to this population, was indicated and implemented.

But crisis intervention at graduation time cannot be totally effective. It is too late then to reeducate the student and assist him in crystallizing his goals. Such intervention has, however, been fruitful in indicating those "hidden" variables that are responsible for underemployment and unemployment.

Apparently a large number of physically disabled graduates cannot secure relevant employment due to at least one of the following: Inappropriate job goal, inaccurate perception of the physical demands of employment, absence of work experience, lack of job seeking skills, and postponement of employment by continued education.

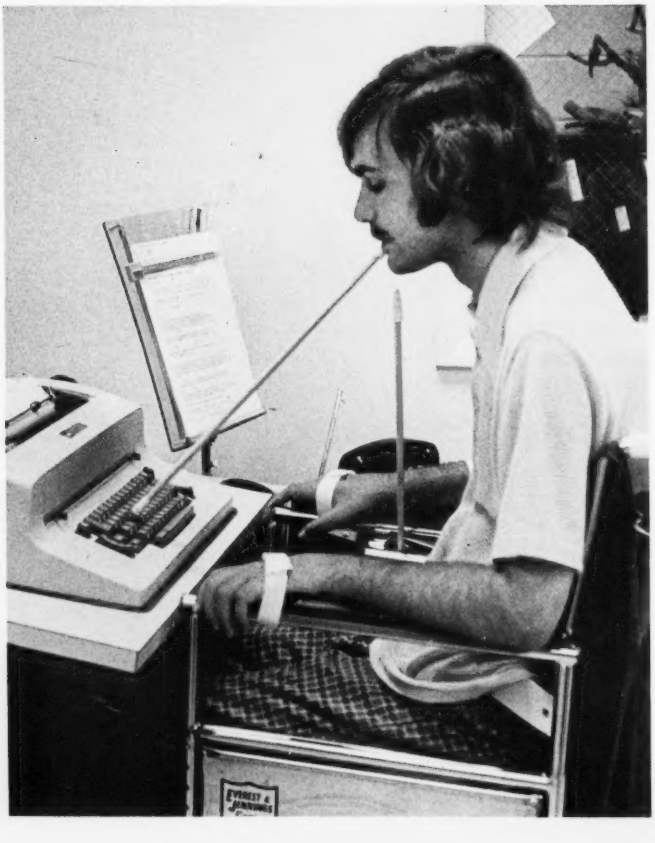
The latter variable usually becomes operative when the student fears losing the security of the academic environment or when he is unable to immediately secure a position. Faced with these fears, many elect to continue in the security of academia by pursuing higher education. Yet, the additional time devoted to continued study does not insure employment. Rather, the results often serve to further perpetuate an inappropriate goal or assure future frustration.

The identification of problem areas confronting the disabled graduate indicates the need for intervention and assistance well before graduation. Since the student is required to declare a major at the start of his junior year, it is imperative that he receive proper vocational guidance prior to that time.

Job demands are not the only criteria when selecting a vocational goal. "It must always be kept in mind that a job is not enough. Only employment that presents the individual with an endless frontier of opportunities to achieve the basic satisfaction of self-esteem and social status is sufficient."[2]

Human Resources Center is conducting a program designed to prepare these people to enter the world of work. The Work Orientation Program for Severely Disabled College Students is a New York State Office of Vocational Rehabilitation (OVR) innovation and expansion project now completing its first year. It is anticipated that as a result of participating in the program, students will be better prepared to function as productive, well-adjusted workers upon graduation.

Referrals to the program are made by local OVR offices. A close working relationship is maintained by OVR counselors and the project coordinator throughout the student's participation. The student is encouraged as a member of the "team" in formulating a realistic assessment of his abilities.



Students accepted into the program initially are included in an orientation group. They receive both individual and group counseling.

The orientation group was created with the following aims:

- To introduce the student to a wealth of occupational literature that will aid him in arriving at an appropriate job goal and assist him in realistically assessing his choice. Ongoing individual counseling is provided to aid the student in selecting a realistic goal.
- To instruct the student in learning appropriate job seeking skills, so that he can conduct himself appropriately during job interviews. Special consideration is given to resume writing, filling out job applications, and "selling" oneself at the job interview. Role-playing job interviews have proven to be an effective technique in helping students to present themselves positively and in handling "problem" questions. Simulated interviews are taped, and students are encouraged to catch their errors and correct them independently.
- To assist the student in bridging the gap from student to worker. During group sessions, students are encouraged to discuss their perception of the world of work and how it differs from university life. Attendance, punctuality, and dress code are just a few of the guidelines discussed. Potential on-the-job problems are introduced, and students discuss various methods of solving them.

Independence is stressed throughout the program. One of the most critical components in employability is mobility to employment. Those who do not possess a driver's license are encouraged to undergo a driver evaluation since many disabled persons often are unaware of adaptive devices that would enable them to drive.

Theoretically, at the conclusion of the orientation group, which forms the first component of the program, the disabled student is prepared to enter the job market and compete with his "able-bodied" peers. However, it is imperative that he be given the opportunity to reinforce his interest and newly acquired skills by reality testing. Such an opportunity should not be postponed until graduation, but rather should be available immediately following the group phase.

Erickson's principle,[3] "a sense of apprenticeship," further emphasizes this need. "This (sense) can be obtained through a paper route, an after-school job, a Saturday job or any involvement in which the adolescent finds his general aptitudes and competencies adequate for the job. But the severely disabled, especially the congenitally severely disabled, do not go through this youth identification with any type of work sequence. . .There is a tendency for them to have a deep sense of the inadequacy of their work competencies—a lack of confidence in their work 'equipment'."[4]

To help students overcome their sense of inadequacy in work-related pursuits, actual job placement is an integral component of the program. Relevant part-time or summer employment is secured for those students who have successfully completed the orientation phase of the program. Such an experience is instrumental in providing exposure to his job goal and in affording him the opportunity to implement his newly acquired work-role behavior.

At onset of the program, a unique financial arrangement was introduced, patterned after on-the-job training. The participating employer must agree to pay one half of the student's salary ($1 per hour), for a maximum of 400 hours. The employer's monetary investment assures both the student and the project staff that there is a meaningful position available and that the student will be expected to perform in accordance with the employer's production standards.

The student's role in the program is far from passive. He is not simply assigned a job slot by the project coordinator. Rather, he is required to investigate those companies that might hire someone with his skills, write a formal resume, and engage in at least one actual job interview with a potential employer. Although job openings are located by the coordinator, and the employer is provided with some background information on the individual being considered, the student's involvement in the process assures him of an integral role in securing the job. The student's level of confidence is raised once he has proven himself to be a competent, reliable worker.

The orientation group provides a vehicle for discussing potential on-the-job problems and effective ways to overcome these difficulties. The student is encouraged to independently handle any unexpected situations. As in any new experience, some adjustment and/or situational problems do arise. However, the students have proven that they can handle

unexpected or unusual situations.

Jack is 19 and interested in a career in government. He had no previous work experience. A highly motivated, personable young man, Jack eagerly and relentlessly worked with the project coordinator to secure a summer job as a project assistant. As the job site was in Washington, D.C., relocation was imperative. He played an instrumental role in arranging for his move.

Paralyzed from the waist down, Jack ambulates with long leg crutches. His knees remain locked, and he must perform all functions from a standing position. Aware of the necessity of independent travel, Jack purchased a large truck and had it adapted to his use. He also recognized the need for modified equipment in order for him to perform the work. He, therefore, transported a draftsman's table to his new office.

Initially, Jack's adjustment and performance were outstanding. However, he shortly encountered difficulty. Severe infection developed in his heels from standing uninterrupted 8 hours a day. The dangerous and painful condition forced him to return home for medical attention.

With ingenuity and perseverance, however, Jack has overcome this obstacle. He now periodically works from a lounge chair. As a result of job placement, Jack has become more realistic with regard to his physical limitations and his self-imposed demands to achieve.

Jack represents but one among many who have sharpened their work goals or redirected their thinking after having realized that their hopes were unrealistic in the light of the job's physical demands. Carol, for example, was a student who wanted to become an elementary school teacher. But, because of a spinal tumor, her balance was affected so that she could not walk or stand for long periods. Despite this, her goal was a teaching career. The turning point came when she went into training to become a first-aid instructor. It only took two classes for her to realize that her discomfort in speaking to a group would go against the grain in a teaching career. Subsequent counseling steered her toward the field of computer science, after her interest in mathematics was discovered.

As the work orientation program completes its first year, 21 severely physically disabled students are employed in challenging and exciting positions closely related to their interests and abilities. The combined program of orientation and work affords the student a unique learning and maturational experience that is not available solely from college attendance.

Too many disabled college graduates have suffered the frustration and disappointment of being unable to secure employment in their chosen fields. Continued failure in securing related work ultimately jolts the person into realizing that either his goal is inappropriate or his job seeking skills are deficient. Reeducation, at this late stage, is unfair to the graduate who is forced to reject his academic achievements and begin anew. It is a time-consuming and unnecessary process.

Recognizing the potential obstables confronting the future college graduate, the work orientation program was designed to assist the student in avoiding these pitfalls. Since its inception, the project has gained momentum and is operating successfully. The project staff does recognize that the most meaningful and critical measures for evaluating the program cannot be implemented until those students presently participating graduate from college and join the work force. The effectiveness of the program can then be determined by the students' ultimate selection of vocational goals and the success they have in securing employment in their chosen areas. A followup study is being designed as a future project.

Mrs. Bozza is the project coordinator for the program described here.

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2) Mase, Darrel J., Ph.D., and Williams, Charles F. *The Assessment of College Experience of Severely Handicapped Individuals.* College of Health Related Services, J. Hollis Miller Health Center, University of Fla., Gainesville, Florida. 1964. p. 1.

3) Erickson, Erik H. *Identity, Youth and Crisis.* W. W. Norton & Company, Inc., New York. 1968. p. 185.

4) Usdane, William M. "Placement Personnel—A Graduate Concept." *Journal of Rehabilitation.* March-April 1974. p. 12.

NEPA Compliance in SRS

BOBBI GRANGER and ANDREA PERRY

In December 1969, Congress passed the National Environmental Policy Act (NEPA) to "encourage productive and enjoyable harmony between man and environment; to promote efforts which will prevent or eliminate damage to the environment and biosphere and stimulate the health and welfare of man; to enrich the understanding of the ecological systems and natural resources important to man. . . ."

Stimulating the health and welfare of man is also a goal of the Department of Health, Education, and Welfare, but despite this shared goal, implementation of NEPA in HEW is still in a tentative and formative stage. Applicants for HEW funds have only recently been made aware of the requirement to analyze the environmental effects of their proposals. They are concerned about the burdens of environmental analysis and the amount of expertise, cost, and time involved. HEW program officers share these concerns.

Detailed here is the process HEW is developing toward compliance with NEPA in an attempt to foster an understanding of the law's potential. We will explore here the impact that compliance with NEPA can have on SRS programs and decisions. We will also show the NEPA process as a mechanism for better understanding SRS programs as they impact on the environment of client groups: the disabled, the poor, the elderly, children, and the medically needy. Finally, we will show how compliance is not an additional burden on SRS program staff and applicants but is, instead, an essential decisionmaking tool for advancing social and rehabilitation services to improve the quality of life of SRS program recipients.

What is NEPA?

Although NEPA's basic intent is to produce harmony between man and environment, the law is vague on *how* this will be achieved. It does, however, make it clear under Section 102 that federal agencies must analyze environmental impact, including an analysis of alternatives to any of their major actions.

The effect of the requirement to assess environmental impact overwhelmed most federal agencies with a whole new area of concern which, in many cases, seemed only tangentially related to program delivery. Thus, agencies had difficulty deciding how to proceed with environmental analysis and, indeed, what constituted sufficient analysis to comply with the law.

Initially, many felt that if an agency had prepared a detailed statement (referred to as a "102C" statement or environmental impact statement) on a proposal, that such a statement assured compliance with the law. More recently, the courts have expanded this requirement and reviewed the quality and content of the impact statement to assure that it represents a comprehensive analysis of the proposal.

The courts have played a strong role in NEPA interpretation. Indeed, it was not until after the "Tri-Services Incinerator" suit (*Montgomery County vs. Elliot Richardson,* et. al. U.S.D.C., D.C. Civil 2496–71,

January 24, 1972), a full 2 years after passage, that HEW took affirmative steps to comply. The Office of Environmental Affairs was created in the Office of the Secretary, and it immediately began developing guidelines for NEPA compliance which are now *DHEW General Administrative Manual, Sections 30–10 through 30–16.*

NEPA Policy Dimensions

Congress, the Executive Branch, the courts, and various communities of citizens and clients interact, continuously reinforcing the policy requirements of NEPA. For example, after Congress passed NEPA, various groups of citizens, *i.e.,* Sierra Club, Environmental Defense Fund, Wilderness Society, etc., questioned specific federal actions. They asserted that certain government agencies were not in compliance with NEPA. They appealed to the courts for resolution of specific project problems.

Additional questions were raised in the courts as to what constituted a group or community of interests with the necessary standing to enjoin a "major federal action." Thus, court decisions further refined Congressional intent. The Executive Branch's implementation of NEPA became more sophisticated and comprehensive, and the courts and the communities worked to refine the law's meaning.

In October 1973, HEW established in the Regional Offices the responsibility for NEPA compliance. Thus, Regional Directors, through Regional Environmental Offices, have compliance authority over constituent HEW agencies such as SRS.

In SRS, the Regional Office is concerned with basically two types of programs: 1) Formula grants for assistance payments, social services, Medicaid, and child care; and 2) project grant programs, mainly under the rehabilitation services staff.

In Region III, SRS and the regional environmental officer have agreed that for the first year of implementation, concentrated effort would be made on assessing environmental impact on project grant proposals for construction of rehabilitation and developmental disabilities facilities. In the future, consideration will be given to other actions which require environmental analysis or which might benefit from environmental analysis.

Tools for NEPA Compliance

The major tool for assuring compliance with NEPA is provided by the *DHEW General Administrative Manual.* The most important chapter for the SRS program specialist (PS) is Chapter 30–15 which outlines "initial criteria." These are environmental effects which are greater than minimal and therefore considered to have an environmental impact. Chapter 30–15 defines specific program impacts on elements of the environment, such as land use, human populations, and human services which must be analyzed for NEPA compliance.

The second major tool assuring compliance is the guidelines to the applicant for preparing an environmental assessment. In Region III the regional environmental officer (REO) has developed draft guidelines for the applicants which are in the same format as Chapter 30–15. Thus, when reviewing the applicant's environmental assessment, the PS can go through the applicant's information and compare it, item by item, with the "initial criteria" to determine if any aspects of the proposal meet any of the initial criteria.

The third tool for the PS is the environmental checklist which enumerates each of the initial criteria. As the PS reads through the applicant's environmental assessment, he indicates on the checklist whether or not the information meets the initial criteria. Next, the PS signs and dates the checklist, indicating a recommendation for action on the proposal. This list and recommendation then go to the REO for review. The REO has the final authority on disposition.

With regard to environmental compliance, there are three alternative recommendations that the PS can make:

- DI—a determination of inapplicability, where the environmental impact of the applicant's proposal does not meet any of the initial criteria.
- MIS—a recommendation for a preparation of a marginal impact statement. An MIS is required where at least one of the initial criteria has been met.
- EIS—a recommendation for preparation of an environmental impact statement. An EIS is required where any of the initial criteria is significantly met by the proposal.

Activity Flow

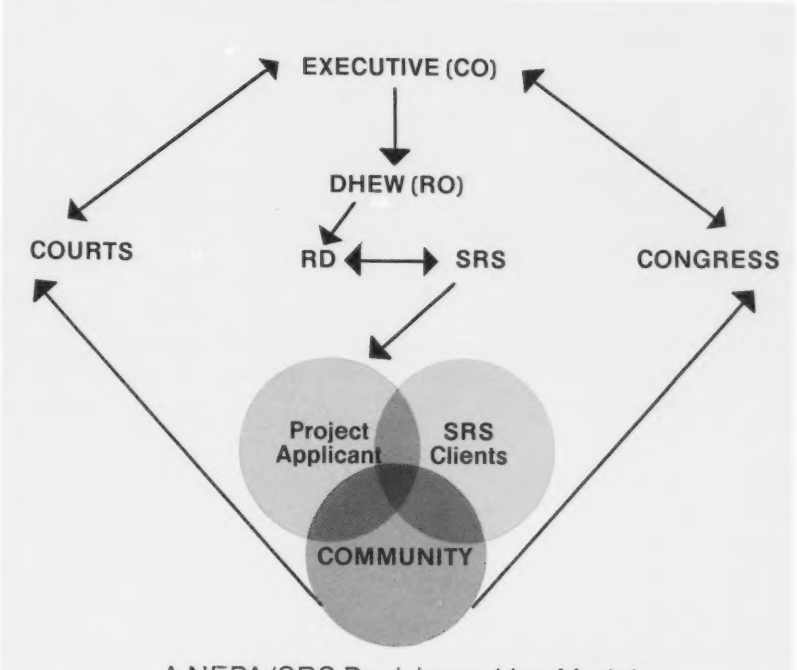
In practice, meeting the requirements for HEW compliance with

NEPA results in the following general flow of activity:

1. The applicant submits a project proposal which includes an "environmental assessment" that provides information on the impact of the proposed project on the environment.

2. The Regional PS receives the application. As part of the total proposal review for program compliance and program content, the PS prepares an environmental checklist comparing the information provided with the criteria for impact set forth in the HEW administrative manual. The PS then indicates whether any of the criteria for environmental impact are met by the project proposal and recommends either a DI, MIS or EIS.

3. The REO reviews the PS' checklist and recommendation and concurs or does not concur. If there is a disagreement, the REO has final authority. Marginal impact statements or environmental impact statements are prepared jointly by regional environmental officers and program specialists, reviewed appropriately, and where necessary, circulated among interested agencies for comment. Environmental impact statements are made available to the general public.



A NEPA/SRS Decisionmaking Model

NEPA Decisionmaking

Despite the use of "initial criteria" as a tool for enviromental assessment, the professional judgment of the SRS program specialist is, in the final analysis, the strength of the NEPA process in decisionmaking. NEPA reciprocates by providing the program specialist with additional tools in program decision analysis. The following examples illustrate this point:

1. *Major Construction:* A multimillion dollar rehabilitation and training facility for the handicapped; a residential facility with communal recreation and dining areas.

Normally, the PS would review this type of application in terms of need, reasonableness of cost (matching shares), and its relationship with other program-related services and facilities. Now, in compliance with NEPA, the applicant's environmental assessment provides additional information on the features of the proposed facility for the handicapped to other geographically related facilities; in this case, a university. The PS can visualize the future facility in its environment and can make a project funding decision based, not only on an assessment of the need and relative worthiness of the project proposal to the handicapped, but also with a fairly clear appreciation of how the facility will serve to promote interaction among the handicapped clients, the university, and the community at large.

Because of the nature of the site and the facility, and the safeguards to be employed during construction, it was possible in this example to make a "determination of inapplicability,"

i.e., none of the initial criteria were met, thus neither an MIS nor an EIS needed to be considered.

2. *Minor Construction:* A proposal to construct a $70,000 sheltered workshop for the developmentally disabled in a suburban area that was without sewer connections.

In this example, since the size of the facility is considerably smaller than the first example, it is difficult to appreciate why assuring compliance with NEPA is important, or even worth the effort. However, it proved to be useful to review the environmental assessment of this project because we learned in the process that the site had no access to sewer connections. A septic tank would have provided the solution to the environmental compliance problem; but, more important, this information about the project site alerted the PS to a client concern that might not otherwise have been considered.

The PS could analyze the proposal in this way: If this facility requires a septic tank because the area is not sewered, it may be in an underdeveloped area away from developed residential communities and difficult to reach by public transportation. This could present problems for the client population in making maximum use of the workshop services.

In this example, the proposal met none of the "initial criteria" but the NEPA process provides an extra dimension of information and insight not usually considered.

3. *Interagency Reviews:* One of the biggest potential benefits of familiarity with NEPA for SRS is using the process to comment on the environmental impact of other agencies' proposals. This draws the SRS Regional staff into the various communities in the Region and gives SRS additional information on what is happening in the community which affects SRS clientele. Furthermore, interagency reviews serve as an additional source of information for analysis of the activities of other federal agencies which may be impacting directly or indirectly on SRS program recipients and their needs.

Summary and Conclusions

We hope the foregoing discussion of the three examples and the specific identification of the tasks involved in NEPA compliance have illustrated the importance of the SRS program specialist's responsibility in assuring NEPA compliance by program decisions.

Figure 1 attempts to summarize the interrelationships among Congress, the Courts, the Executive Branch, agencies (particularly SRS), SRS clients, and the local community or community groups in defining the total NEPA compliance process and in sharing the exchange of information necessary to assure the promotion of environmental consideration in governmental program decision-making.

Ms. Granger is a Long Term Specialist (RD/OLTC) and Ms. Perry is a Special Assistant to the Regional Commissioner, SRS. Both authors are from HEW's Region III, Philadelphia.

Continued from page 23.

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Photo Identification Card System for Welfare Recipients. (Printed.)
Managing the Intake Process, (Printed.)
Work Measurements and Workload Standards as Management Tools for Public Welfare - Michigan. (Printed.)
State Monitoring of Local Office Performance - Maine, Washington.
Managing a State Income Maintenance Staff Training Program—Florida, Texas.
Child Support Payments Control—Mass. and Wash.
Fraud Control—California, New York.
Wage Record Clearance Systems—Colorado, Oklahoma
Measures To Assure Quality Performance in Income Maintenance—Selected State Practices.

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4) Local Supervisory Review of Case Actions—A Guide Document, SRS, APA-IM-74-10, May 6, 1974.

5) Guide materials:
Work measurement and Work Simplification—A Report Document (1972), SRS, APA, 72-21201.
Workload Standards for Public Assistance Agencies (1972), SRS, APA, 73-21208.
Task Analysis and Job Design for Public Assistance Agencies as illustrated by Eligibility Determination (1972), SRS, APA, 73-21204.

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Fiscal Years 1973 and 1974. (11/6/74)

RSA-IM-75-28: Advance Final Report on Characteristics of Rehabilitated Clients—Fiscal Year 1973 (11/7/74)

RSA-IM-75-29: The Deaf Population of the United States (11/15/74)

RSA-IM-75-30: Numbers of rehabilitations: July 1 to August 31, Fiscal Years 1974 and 1975 (11/18/74)

RSA-PI-75-11: Revised Distribution for (A) Form SSA-853—Vocational Rehabilitation report to SSA and (B) Form SSA-2082(3,5,6) "Request for Verification of Social Security Disability Beneficiary Status." (10/10/74)

RSA-PI-75-12: Increase in earnings Criteria for Determining Substantial Gainful Activity (10/24/74)

RSA-PI-75-13: Beneficiary Rehabilitation Program (Trust Fund) (10/31/74)

RSA-PI-75-14: Providing unpaid Work Experience by Federal Agencies to Clients of State Vocational Rehabilitation Agencies (11/22/74)

RSA-PI-75-15: Special Demonstrations Related to Section 130 of the Rehabilitation Act (11/22/74)

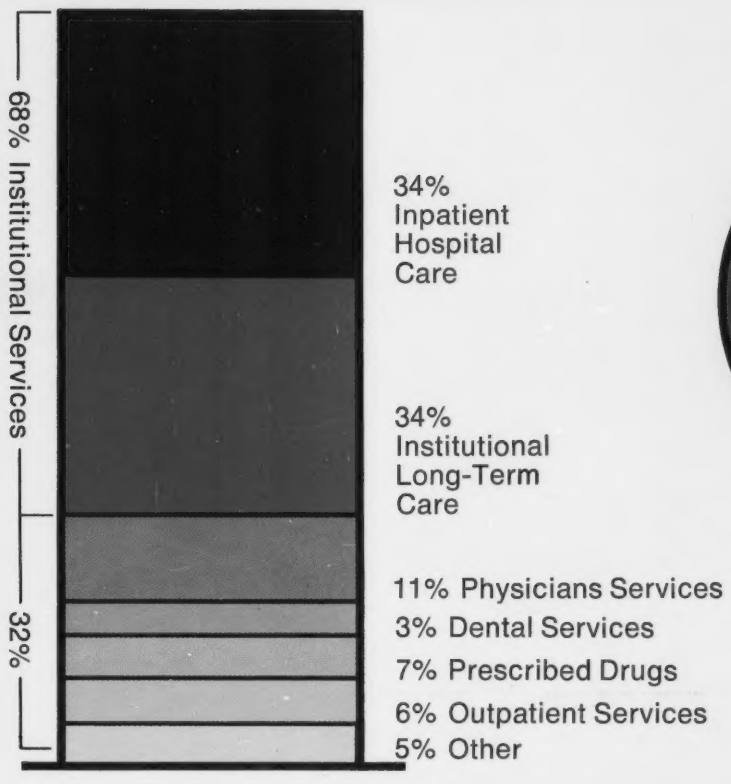
RSA-PI-75-16: Form SSA-853 (Revised 1/74), "Vocational rehabilitation Report to SSA" (11/27/74)

NCSS-PI-75-6: "Flash" Reporting of Selected Program Data, Form SRS-NCSS-124, OMB. No. 83R-0304 (10/11/74)

NCSS-PI-75-7: Annual Statistical Report on Children Aged 5-17 in Foster Family Homes, and AFDC Recipients, Aged 5-17, Needed to Implement the Elementary and Secondary Education Act (10/9/74)

Medicaid Services and Funds

Expenditures—by Services



Source of Funds

More than 24 million people were provided medical assistance through Medicaid in fiscal year 1974. To do this, a national expenditure of $10.6 billion in federal, state, and local funds was required. The charts show where the money came from and how it was divided among the services provided. Medicaid is the largest SRS program, both in money expended and in persons served.

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